	Foster Fami	ly Home - Co	rrective A	ction Report	
Home Name: Jr 99-143 Kalaloa Stre Aisa	uliana Agulneido, CNA let Hi 96701	Review ID: Reviewer. Segin Date:	1-563595-4 9/20/2016	End Date: 9/2	6/16
6.(d)(1)	Comply with all applicable re		pter, and	. 1988 - 1986 <u>.</u>	
corrective action (it made on 9/20/2016 for a plan due to CTA on 10/20/2 cable sections of this review	2016.	a. Corrective ac	tion report issued du	ring home visit with
7.1.(e)(1) 7.1.(e)(2) Comment:	Be subject to criminal history Be subject to adult protective	record checks in acc			t with a client; and
7.1 (a)(1) CG#2 e 7.1 (a)(2) CG#1 A on 4/17/16 with a renewed on 9/8/1	Crim renewed on 8/16/16 of the control of the contr	nd Child-Abuse-Neg Adult Protective Se with about 3 month	lect (APS/CAN) checks renewed on	1 5/17/16 when expired PS/CAN) checks
41.(b)(7) Comment:	Have a current tuberculosis of	electives	department of he	alth guidelines; and	••••
CG#2 TB clearan	B clearance done on 7/16/ ce done on 3/10/14 and ex n 9/18/14 and expired on 1	pired on 4/10/15 bu	t renewed on 4	/4/16 with about 1 ye	ar lapse. CG#4 TB
Page 1 of 1	Compliance Manager William B. Primary Care Giver	aguma	291	Date 4/20/W Date	9/25/2016 18:41 DN4

- :, nouter flan og corrector 9/21/16 CG#2 will not lapse in ECm 7.1(a) 2 - CG#1+#5 mil not lapse in APS/CAN in the future 41. (B(T) - CG #1, CG#2, + CG#4 wird not Japae in TB Cleaning the home now uses a colendar to fract dates before affiring for all the above + all prequired pequirements. 9/21/16 June & Amore St Gen, H. 96701